



ANNUAL STATEMENT
For the Year Ending December 31, 2006
OF THE CONDITION AND AFFAIRS OF THE
HealthPlus of Michigan, Inc.

NAIC Group Code	3409 (Current Period)	3409 (Prior Period)	NAIC Company Code	95580	Employer's ID Number	38-2160688
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	08/09/1977		Commenced Business	10/15/1979		
Statutory Home Office	2050 South Linden Road (Street and Number)		Flint, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			2050 South Linden Road (Street and Number)		Flint, MI 48532 (City or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)	
Mail Address	2050 South Linden Road, P.O. Box 1700 (Street and Number or P.O. Box)		Flint, MI 48501-1700 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			2050 South Linden Road (Street and Number)		Flint, MI 48532 (City, or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)	
Internet Website Address	www.healthplus.org					
Statutory Statement Contact	Matthew Andrew Mendrygal, C.P.A. (Name)		(810)230-2179 (Area Code)(Telephone Number)(Extension)			
	mmendryg@healthplus.com (E-Mail Address)		(810)733-8966 (Fax Number)			
Policyowner Relations Contact			2050 South Linden Road, P.O. Box 1700 (Street and Number)		Flint, MI 48501-1700 (City, or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)(Extension)	

OFFICERS

Name	Title
David Paul Crosby	President
Matthew Andrew Mendrygal C.P.A.	Chief Financial Officer
Vernon Lee Burns	Treasurer

OTHERS

Dan Ellis Champney Esq., Vice President - Human Resources/General Counsel
Laraine Bernadette Yapo, Vice President - Health Care Services
John Jacob Saalwaechter MD,MBA,CPE, Vice President - Chief Medical Officer
Dona Marie Kyle RN, BSN, Vice President - Medical Management

Bruce Robert Hill, Vice President - Health System/Purchaser Relations
Christine Marie Tomcala, Vice President - Gov't Programs/Member Services
Nancy Susan Jenkins, Vice President - Sales/Product Development

DIRECTORS OR TRUSTEES

State of	Michigan	Jack Louis Barry MD Harold Leslie Mallon DDS Gerald Edward Piesko DO James Joseph Wascha Esq. Stephanie Lynn Whisiker-Lewis DO Patrick Allen Campbell Roger LaVerne Sharp Amy Diane Farmer	Vernon Lee Burns Penelope Drake Pestronk Peggy Joyce Tortorice James Michael Van Tiflin Christopher John Flores Larry Leigh Carr DO Miles Conrad Owens Duane Edward Zuckschwerdt #
County of	Genesee	ss	

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) David Paul Crosby (Printed Name) 1. President (Title)	(Signature) Matthew Andrew Mendrygal (Printed Name) 2. Chief Financial Officer (Title)	(Signature) Vernon Lee Burns (Printed Name) 3. Treasurer (Title)
Subscribed and sworn to before me this day of , 2007	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
Federal Employees Health Benefit Plan	216,487					216,487
0299997 Subtotal - Group Subscribers:	216,487					216,487
0299998 Premium due and unpaid not individually listed	654,232	75,465	15,079	12,811	12,811	744,776
0299999 Total group	870,719	75,465	15,079	12,811	12,811	961,263
0399999 Premiums due and unpaid from Medicare entities	653,618					653,618
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) .	1,524,337	75,465	15,079	12,811	12,811	1,614,881

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Novartis	170,000	170,312				340,312
Wyeth-Ayerst	274,000	274,465				548,465
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	859,300	418,918		2,548	2,548	1,278,218
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,303,300	863,695		2,548	2,548	2,166,995
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
Risk Sharing Receivables						
Saginaw Cooperative Hospitals, Inc.				458,546	458,546	
0599998 Risk Sharing Receivables - Not Individually Listed	483,606					483,606
0599999 Subtotal - Risk Sharing Receivables	483,606			458,546	458,546	483,606
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	1,786,906	863,695		461,094	461,094	2,650,601

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	.... 11,261,614	.... 4,888,856	.... 3,607,002	..... 271,018	..... 623,089	.... 20,651,579
0499999 Subtotals .....	.... 11,261,614	.... 4,888,856	.... 3,607,002	..... 271,018	..... 623,089	.... 20,651,579
0599999 Unreported claims and other claim reserves .....						.... 23,609,659
0699999 Total Amounts Withheld .....						.... 5,674,009
0799999 Total Claims Unpaid .....						.... 49,935,247
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						.... 18,485,047

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
HealthPlus Partners, Inc.	199,121					199,121	
HealthPlus Options, Inc.	127,545					127,545	
0199999 Total - Individually listed receivables	326,666					326,666	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	326,666					326,666	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
HealthPlus Partners, Inc.	HPP pharmacy incentive and risk sharing receivable collected by HPM	121,219	121,219	
HealthPlus Options, Inc.	HPO claim refund collected by HPM	19,562	19,562	
0199999 Total - Individually listed payables	X X X	140,781	140,781	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	140,781	140,781	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	157,889,461	45.378	93,935	100.000		157,889,461
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	157,889,461	45.378	93,935	100.000		157,889,461
Other Payments:							
5.	Fee-for-service	17,438,591	5.012	X X X	X X X		17,438,591
6.	Contractual fee payments	172,610,996	49.610	X X X	X X X		172,610,996
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	190,049,587	54.622	X X X	X X X		190,049,587
13.	Total (Line 4 plus Line 12)	347,939,048	100.000	X X X	X X X		347,939,048

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	2,460,275	.....	1,590,186	870,089	870,089	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment	227,604	.....	147,361	80,243	80,243	.....
6.	Total	2,687,879	.....	1,737,547	950,332	950,332	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3409

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 95580

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	99,269	443	83,590				1,618	4,391					9,227
2. First Quarter	96,478	457	81,157				1,671	3,687					9,506
3. Second Quarter	95,490	445	80,120				1,660	3,656					9,609
4. Third Quarter	94,681	415	79,202				1,641	3,668					9,755
5. Current Year	93,935	392	78,366				1,634	3,655					9,888
6. Current Year Member Months	1,145,557	5,148	960,587				19,910	43,960					115,952
Total Member Ambulatory Encounters for Year:													
7. Physician	384,883		331,714					23,123					30,046
8. Non-Physician	675,412		565,669					53,398					56,345
9. Total	1,060,295		897,383					76,521					86,391
10. Hospital Patient Days Incurred	55,141		28,908					6,710					19,523
11. Number of Inpatient Admissions	11,340		6,655					1,228					3,457
12. Health Premiums Written	402,528,266	1,763,361	305,141,748				4,515,584	44,262,888					46,844,685
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	402,528,266	1,763,361	305,141,748				4,515,584	44,262,888					46,844,685
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	347,939,054	1,767,562	266,622,919				5,529,587	37,119,931					36,899,055
18. Amount Incurred for Provision of Health Care Services	358,706,275	1,947,618	276,819,567				5,151,312	36,720,352					38,067,426

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 3409 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 95580

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	99,269	443	83,590				1,618	4,391					9,227
2. First Quarter	96,478	457	81,157				1,671	3,687					9,506
3. Second Quarter	95,490	445	80,120				1,660	3,656					9,609
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12. Health Premiums Written	402,528,266	1,763,361	305,141,748				4,515,584	44,262,888					46,844,685
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	402,528,266	1,763,361	305,141,748				4,515,584	44,262,888					46,844,685
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	347,939,054	1,767,562	266,622,919				5,529,587	37,119,931					36,899,055
18. Amount Incurred for Provision of Health Care Services	358,706,275	1,947,618	276,819,567				5,151,312	36,720,352					38,067,426

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

SCHEDULE A - VERIFICATION BETWEEN YEARS
Real Estate

1.	Book/adjusted carrying value, December 31, prior year	4,832,170
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	(415,830)
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14	1,053,087
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at the end of current period	5,469,427
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	5,469,427
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	5,469,427

SCHEDULE B - VERIFICATION BETWEEN YEARS
Mortgage Loans

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	

SCHEDULE BA - VERIFICATION BETWEEN YEARS
Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	9,043,031
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	3,221,476
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	12,264,507
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	12,264,507
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	12,264,507

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Class 1	1,000,000	899,646	980,453			2,880,099	3.01	2,399,908	3.00	2,880,099	
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	1,000,000	899,646	980,453			2,880,099	3.01	2,399,908	3.00	2,880,099	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1	91,452,936	496,957	860,807			92,810,700	96.99	77,242,686	96.68	92,810,700	
7.2	Class 2								256,714	0.32		
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS	91,452,936	496,957	860,807			92,810,700	96.99	77,499,400	97.00	92,810,700	
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1	Class 1	92,452,936	1,396,603	1,841,260			95,690,799	100.00	X X X	X X X	95,690,799	
10.2	Class 2								X X X	X X X		
10.3	Class 3								X X X	X X X		
10.4	Class 4								X X X	X X X		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	92,452,936	1,396,603	1,841,260			(b) 95,690,799	100.00	X X X	X X X	95,690,799	
10.8	Line 10.7 as a % of Column 6	96.62	1.46	1.92			100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1	Class 1	76,633,334	1,399,607	1,609,653			X X X	X X X	79,642,594	99.68	79,642,594	
11.2	Class 2						X X X	X X X				
11.3	Class 3		256,714				X X X	X X X	256,714	0.32	256,714	
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS	76,633,334	1,656,321	1,609,653			X X X	X X X	(b) 79,899,308	100.00	79,899,308	
11.8	Line 11.7 as a % of Col. 8	95.91	2.07	2.01			X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1	Class 1	92,452,936	1,396,603	1,841,260			95,690,799	100.00	79,642,594	99.68	95,690,799	X X X
12.2	Class 2											X X X
12.3	Class 3								256,714	0.32		X X X
12.4	Class 4											X X X
12.5	Class 5											X X X
12.6	Class 6											X X X
12.7	TOTALS	92,452,936	1,396,603	1,841,260			95,690,799	100.00	79,899,308	100.00	95,690,799	X X X
12.8	Line 12.7 as a % of Col. 6	96.62	1.46	1.92			100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10	96.62	1.46	1.92			100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations	1,000,000	899,646	980,453			2,880,099	3.01	2,399,908	3.00	2,880,099	
1.2	Single Class Mortgage-Backed/Asset-Backed Securities											
1.7	TOTALS	1,000,000	899,646	980,453			2,880,099	3.01	2,399,908	3.00	2,880,099	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations											
2.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined											
2.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5	Defined											
2.6	Other											
2.7	TOTALS											
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations											
3.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined											
3.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5	Defined											
3.6	Other											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations											
4.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined											
4.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5	Defined											
4.6	Other											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1	Issuer Obligations											
5.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined											
5.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5	Defined											
5.6	Other											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	91,452,936	496,957	860,807			92,810,700	96.99	77,499,400	97.00	92,810,700	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS	91,452,936	496,957	860,807			92,810,700	96.99	77,499,400	97.00	92,810,700	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations	92,452,936	1,396,603	1,841,260			95,690,799	100.00	X X X	X X X	95,690,799	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	92,452,936	1,396,603	1,841,260			95,690,799	100.00	X X X	X X X	95,690,799	
10.8 Line 10.7 as a % of Column 6	96.62	1.46	1.92			100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	76,633,334	1,656,320	1,609,653			X X X	X X X	79,899,307	100.00	79,899,307	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	76,633,334	1,656,320	1,609,653			X X X	X X X	79,899,307	100.00	79,899,307	
11.8 Line 11.7 as a % of Column 8	95.91	2.07	2.01			X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	92,452,936	1,396,603	1,841,260			95,690,799	100.00	79,899,307	100.00	95,690,799	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	92,452,936	1,396,603	1,841,260			95,690,799	100.00	79,899,307	100.00	95,690,799	X X X
12.8 Line 12.7 as a % of Column 6	96.62	1.46	1.92			100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	96.62	1.46	1.92			100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6								X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10								X X X	X X X	X X X	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	76,383,427	76,383,427			
2.	Cost of short-term investments acquired	64,683,087	64,683,087			
3.	Increase (decrease) by adjustment					
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments	48,864,175	48,864,175			
7.	Book/adjusted carrying value, current year	92,202,339	92,202,339			
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)	92,202,339	92,202,339			
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)	92,202,339	92,202,339			
12.	Income collected during year	3,596,615	3,596,615			
13.	Income earned during year	3,747,012	3,747,012			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

40	Schedule DB Part A Verification	NONE
40	Schedule DB Part B Verification	NONE
41	Schedule DB Part C Verification	NONE
41	Schedule DB Part D Verification	NONE
41	Schedule DB Part E Verification	NONE
42	Schedule DB Part F Sn 1 - Sum Replicated Assets	NONE
43	Schedule DB Part F Sn 2 - Recon Replicated Assets	NONE
44	Schedule S - Part 1 - Section 2	NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
90611 ...	41-1366075 ...	01/01/2006	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	271,270	.....
0599999 Total - Accident and Health, Non-Affiliates					271,270	.....
0699999 Totals - Accident and Health					271,270	.....
0799999 Totals - Life, Annuity and Accident and Health					271,270	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
90611 ...	41-1366075 ...	01/01/2006	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	SSL/A/I	256,469	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Authorized General Account - Non-Affiliates						256,469	.....	.....	.....	.....	.....	.....
0399999 Total - Authorized General Account						256,469	.....	.....	.....	.....	.....	.....
0799999 Total - Authorized and Unauthorized General Account						256,469	.....	.....	.....	.....	.....	.....
1599999 Totals						256,469	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2006	2 2005	3 2004	4 2003	5 2002
A. OPERATIONS ITEMS					
1. Premiums	249	83	88	92	82
2. Title XVIII-Medicare	7	4	4	3	2
3. Title XIX - Medicaid				2	21
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	271				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	133,816,277		133,816,277
2. Accident and health premiums due and unpaid (Line 13)	1,614,881		1,614,881
3. Amounts recoverable from reinsurers (Line 14.1)	271,270	(271,270)	
4. Net credit for ceded reinsurance	X X X	271,270	271,270
5. All other admitted assets (Balance)	4,531,057		4,531,057
6. Total assets (Line 26)	140,233,485		140,233,485
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	49,935,247		49,935,247
8. Accrued medical incentive pool and bonus payments (Line 2)	18,485,047		18,485,047
9. Premiums received in advance (Line 8)	1,654,740		1,654,740
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	12,003,328		12,003,328
12. Total liabilities (Line 22)	82,078,362		82,078,362
13. Total capital and surplus (Line 31)	58,155,123	X X X	58,155,123
14. Total liabilities, capital and surplus (Line 32)	140,233,485		140,233,485
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses	271,270		
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables	271,270		
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance	271,270		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95580	38-2160688	Healthplus Of MI Inc		(8,625,000)			16,908,895				8,283,895	
11549	01-0729151	Healthplus Partners Inc					(12,548,462)				(12,548,462)	
	38-3246232	HGH, Inc.										
	38-2883315	HealthPlus Options, Inc.					(4,360,433)				(4,360,433)	
12826	20-5803273	HEALTHPLUS INS CO		8,625,000							8,625,000	
9999999 Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No

APRIL FILING

14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?

No
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Health Property / Casualty Supplement



Medicare Part D Coverage Supplement



Schedule SIS



LTC Experience Reporting Form C



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property / Casualty Supplement



OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Interest Expense on Late Claims .....	.....	..... 31,947	..... 8,919	.....	..... 40,866
2505.	Prior-Year Administrative Adjustments .....	.....	.....	..... 758,480	.....	..... 758,480
2506.	Physician Relations .....	..... 92,016	.....	..... 20,841	.....	..... 112,857
2507.	Miscellaneous .....	.....	.....	..... 2,284	.....	..... 2,284
2597.	Summary of overflow write-ins for Line 25 .....	..... 92,016	..... 31,947	..... 790,524	.....	..... 914,487



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES FOR THE PROPERTY / CASUALTY, LIFE ACCIDENT AND HEALTH, TITLE
AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF THE

HealthPlus of Michigan, Inc.
COMPANY

**FOR THE YEAR ENDED
December 31, 2006
(To Be Filed by March 1)**

GENERAL INSTRUCTIONS

The Stockholder Information Supplement shall be completed by all stock companies incorporated in the U.S.A., which have 100 or more stockholders. Such supplement shall be filed with the Insurance Commissioner of the company's domiciliary state as a part of its Annual Statement. The information required to be contained in this supplement is to be furnished to the best of the knowledge of the company. Where appropriate, the company should obtain the required information, in writing, from its Directors or Officers and from any person known to the company to be the official owner of more than 10% of any class of its equity securities.

The term "officer" means a President, Vice-President, Treasurer, Actuary, Secretary, Controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the prior year? Yes[] No[X]
If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.:
2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year? Yes[] No[X]
If answer is "Yes" a copy of the report shall forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.:
3. If an Annual Report to stockholders was distributed for the prior year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting? Yes[] No[X]
If answer is "No" explain in detail below. Attach separate sheet if necessary.:
(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A	Column B
To be answered by Life and A & H Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds .....	. Yes[] No[X]	. Yes[] No[X]
b. Summary of Operations .....	. Yes[] No[X]	. Yes[] No[X]
c. Surplus Account .....	. Yes[] No[X]	. Yes[] No[X]
To be answered by Property and Casualty Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds .....	. Yes[] No[X]	. Yes[] No[X]
b. Statement of Income - Underwriting and Investment Exhibit .....	. Yes[] No[X]	. Yes[] No[X]
c. Capital and Surplus Account .....	. Yes[] No[X]	. Yes[] No[X]
To be answered by Title Insurance Companies		
a. Statement of Assets, Liabilities, Surplus and Other Funds .....	. Yes[] No[X]	. Yes[] No[X]
b. Statement of Income - Operations and Investment Exhibit .....	. Yes[] No[X]	. Yes[] No[X]
c. Capital and Surplus Account .....	. Yes[] No[X]	. Yes[] No[X]
To be answered by Health Insurance Companies:		
a. Statement of Assets, Liabilities, Capital and Surplus .....	. Yes[] No[X]	. Yes[] No[X]
b. Statement of Revenues and Expenses .....	. Yes[] No[X]	. Yes[] No[X]
c. Capital and Surplus Account .....	. Yes[] No[X]	. Yes[] No[X]

INFORMATION REGARDING MANAGEMENT AND DIRECTORS
(See Instructions Below)

1 Name and Title	2 Principal Occupation or Employment	3 Served as Director From	4 Aggregate Direct Remuneration	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5 Retirement Plan	6 Other Emp. Benefits	7 Retirement Plan	8 Other Emp. Benefits

1. Furnish the above information for each director, & each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transactions as to which the Company, or any of its subsidiaries, was or is to be a party.
- B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.

2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy

statement relating to (i) the election of directors, (ii) any bonus, profit sharing or remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis.
If any answer is "no" explain in detail on a separate sheet.

No No No No No No No No

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

XX No No No No No

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer No If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer No If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

INSTRUCTIONS FOR INFORMATION REGARDING MANAGEMENT AND DIRECTORS

- 1. This information applies to any person who was a director or officer of the company at any time during the year. However, information need not be given for any portion of the year during which such person was not a director or officer of the Company.
- 2. Include under "Other Employee Benefits" information for such items as savings plans, deferred compensation plans, thrift plans, profit sharing plans, etc. or other contracts, authorizations or arrangements, whether or not set forth in any formal document. Briefly describe such "plans" and the basis upon which directors or officers participate therein, if not previously described in a prior "Stockholder Information Supplement" indicating date thereof. Company cost of benefits accrued or set aside need not be stated with respect to payments computed on an actuarial basis under any plan which provides for fixed benefits on retirement at a specified age or after a specified number of years of service.
- 3. Information need not be included as to payments made for, or benefits received from, group life or accident insurance, group hospitalization or similar group payments or benefits.
- 4. If it is impractical to state the amount of the estimated annual benefits proposed to be made upon retirement, the aggregate amount set aside or accrued to date in respect of such payment should be stated, together with an explanation of the basis for future payments.
- 5. Attach separate sheets if necessary to fully answer questions.

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES
(See Instructions Below)

1	2	3	Number of Shares				
			4	5	Disposed of During Current Year		
					6	7	8
Name and Title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at end of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year
.....

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise? No If answer is "no", explain in detail on a separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer:

INSTRUCTIONS FOR STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Column 1

Indicate relationship of the person to the Company, for example: "Director," "Director and Vice-President," "Beneficial owner of more than 10% of the Company's common stock," etc.

Column 2

The statement of the title of a security should be such as to clearly identify the security, even though there may be only one class, for example: "Common stock," "4% convertible preferred stock," etc.

Column 3

Under the "Nature of Ownership" state whether ownership of securities is "direct" or "indirect." If the ownership is indirect, i.e., through a partnership, corporation, trust or other entity, indicate in a footnote or other appropriate manner the name of the medium through which the securities are indirectly owned. The fact that securities are held in the name of a broker or other nominee does not, of itself, constitute indirect ownership. Securities owned indirectly shall be reported on separate lines from those owned directly and from those owned through a different type of indirect ownership.

Columns 4 to 8

In the case of securities owned indirectly, the entire amount of securities owned by the partnership, corporation, trust or other entity shall be stated. There may also be indicated in a footnote or other appropriate manner the extent of the security holder's interest in such partnership, corporation, trust or other entity.

If a transaction in securities of the Company was with the Company or one of its subsidiaries, so state. If it involved the purchase of securities through the exercise of options, so state. If any other purchase or sale was effected otherwise than in the open market, that fact shall be indicated. If the transaction was not a purchase or sale, indicate its character, for example, gift, stock dividend, etc., as the case may be. The foregoing information may be indicated in a footnote or other appropriate manner.

Any additional information deemed relevant by the Company should be included as a footnote or in other appropriate manner.



Medicare Part D Coverage Supplement
For the Year Ended December 31, 2006

(To be Filed By March 1)

		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		X X X		X X X	
1.12	Without Reinsurance Coverage		X X X		X X X	
1.13	Risk-Corridor Payment Adjustments		X X X		X X X	
1.2	Supplemental Benefits		X X X		X X X	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		X X X		X X X	X X X
2.12	Without Reinsurance Coverage		X X X		X X X	X X X
2.2	Supplemental Benefits		X X X		X X X	X X X
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		X X X		X X X	X X X
3.12	Without Reinsurance Coverage		X X X		X X X	X X X
3.2	Supplemental Benefits		X X X		X X X	X X X
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		X X X		X X X	X X X
4.2	Payable		X X X		X X X	X X X
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		X X X		X X X	X X X
5.12	Without Reinsurance Coverage		X X X		X X X	X X X
5.13	Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2	Supplemental Benefits		X X X		X X X	X X X
6.	Total Premiums		X X X		X X X	
7.	Claims Paid					
7.1	Standard Coverage					
7.11	With Reinsurance Coverage		X X X		X X X	
7.12	Without Reinsurance Coverage		X X X		X X X	
7.2	Supplemental Benefits		X X X		X X X	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		X X X		X X X	X X X
8.12	Without Reinsurance Coverage		X X X		X X X	X X X
8.2	Supplemental Benefits		X X X		X X X	X X X
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		X X X		X X X	X X X
9.12	Without Reinsurance Coverage		X X X		X X X	X X X
9.2	Supplemental Benefits		X X X		X X X	X X X
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		X X X		X X X	X X X
10.12	Without Reinsurance Coverage		X X X		X X X	X X X
10.2	Supplemental Benefits		X X X		X X X	X X X
11.	Total Claims		X X X		X X X	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied	X X X		X X X		
12.2	Reimbursements Received but Not Applied - change	X X X		X X X		
12.3	Reimbursements Received - change	X X X		X X X		X X X
12.4	Healthcare Receivables - change	X X X		X X X		X X X
13.	Aggregate Policy Reserves - change					X X X
14.	Expenses Paid		X X X		X X X	
15.	Expenses Incurred		X X X		X X X	X X X
16.	Underwriting Gain/Loss		X X X		X X X	X X X
17.	Cash Flow Results	X X X	X X X	X X X	X X X	

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